



STATE
OF
GEORGIA

Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

1. Application Date	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. 73-22		Date Received MAY 17 1973	Date Completed MAY 18 1973
3. AGENCY, Division, Subdivision & Administering Office Address Georgia Department of Public Safety Drivers Services Section (Uniform Division) 959 E. Confederate Ave. Atlanta, Georgia 30301		4. Person to Contact Patsy Yother	5. Working Title Clerical
		6. Tel. No. 656-6151	

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED

8. Earliest & Latest Dates of Series 1972-73	9. Exact Series Title Drivers License request file
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10. What is the function of the office in which this record series is created?

The Uniform Division is responsible for the patrol of streets and highways of this state to insure the safety of lives, injuries and property, to investigate motor vehicle accidents, to be available for civil disorders or natural disasters, licensing of citizens to operate motor vehicles, suspension or revocation of license, accident investigation and computation of related statistics, supervises motor vehicle inspection records and distribution of motor vehicle inspection stickers and other documents and insure the safety of the Governor of the State of Georgia and his family.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relates to request for Drivers License or correction of information on license or any questions regarding drivers records.
File consist of request and Department's reply.
File arranged alphabetically by driver's name.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers	8	12		8	12
Legal-size File Drawers			Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)
				12 ft.	
			AVERAGE DAILY REFERENCES	This Year's	Last Year's
				2 or 3 times	1 time
				Preceding Year's	All Prior Years'

QUESTIONNAIRE

Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ [x] ☐ []
14. Is there a duplication of this series in another office or agency? ☐ [] ☒ [x]
15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. ☐ [] ☒ [x]
16. Does the series contain classified information requiring security handling? ☐ [] ☒ [x]
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [] ☒ [x]
18. Could the function be performed if the files were lost or destroyed? ☒ [x] ☐ []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [] ☒ [x]
20. Does the record series provide data as input to an EDP file? ☐ [] ☒ [x]
21. Does the record series contain documentation produced as EDP printout? ☐ [] ☒ [x]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ [] ☒ [x]
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [] ☒ [x]

24. REQUIREMENTS. The following requires the files to be kept 1 years:

- a. ☐ [] STATE LAW b. ☐ [] STATUTE OF LIMITATION c. ☐ [] AUDIT PERIOD d. ☐ [] FEDERAL LAW e. ☒ [x] ADMINISTRATIVE DECISION f. ☐ [] HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☒ [x] CALENDAR YEAR ☐ [] FISCAL YEAR ☐ [] OTHER _____, then:

- ☒ [x] Hold in the current files area _____ month(s)/ 1 year(s):
- ☐ [] Transfer to ☐ [] State Records Center ☐ [] Local Holding Area; hold _____ year(s):
- ☒ [x] Destroy.
- ☐ [] Transfer to State Archives for permanent retention.
- ☐ [] Destroy immediately after cut-off.
- ☐ [] Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

File needed for check of previous correspondence.

(☒) Concur

(☐) Nonconcur

Director Drivers Services

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>[Signature]</i>	<i>April 30, 1973</i>		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [] Disapproved	<i>Ray B. [Signature]</i>	<i>5-1-73</i>
	State Auditor/Designee <input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [] Disapproved	<i>William M. [Signature]</i>	<i>5-17-73</i>
	Secretary of State/Designee <input type="checkbox"/> [] Approved <input type="checkbox"/> [] Disapproved	<i>Carroll [Signature]</i>	<i>5-15-73</i>
	Attorney General/Designee <input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [] Disapproved	<i>[Signature]</i>	<i>5-17-73</i>

STATE RECORDS
COMMITTEE